

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

02 - 05

2. STATE
NC

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

1902 (a)(10)(A)(ii)(XVIII) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY **02** \$ **1,435,746**

b. FFY **03** \$ **3,293,992**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 2.2-A, Page 23d

10. SUBJECT OF AMENDMENT:

Optional Coverage other than the medically needy: Women who have been screened for breast or cervical cancer

11. GOVERNOR'S REVIEW (*Check One*):

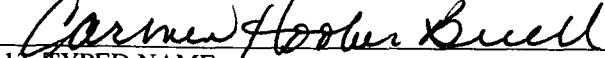
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Carmen Hooker Buell

14. TITLE:

Secretary

15. DATE SUBMITTED:

January 31, 2002

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 8, 2002

18. DATE APPROVED:

March 13, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Eugene A. Grasser

22. TITLE: **Associate Regional Administrator
Division of Medicaid and State Operations**

23. REMARKS:

STATE: NORTH CAROLINA

Citation		Group Covered
	B.	<u>Optional Coverage Other Than the Medically Needy (Continued)</u>
1902 (a) (10) (A) (ii) (XVIII) of the Act	<u>X</u>	23. Women who: <ul style="list-style-type: none">a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;b. Are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; andd. Have not attained age 65.

TN No. 02-05
Supersedes
TN No. NEW

Approval Date: MAR 13 2002

Effective Date: 1/01/02

STATE: North Carolina

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

- 1920B of the Act ____ 24. Women who are determined by a "qualified entity" as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 02-05
Supersedes
TN No. NEW

Approval Date: MAR 13 2002

Effective Date: 1/01/02